**40th Annual Medical Student Research Day**

Thursday, September 28, 2017

Noon – 7:30 p.m.

Bressler Research Building (BRB) and Medical School Teaching Facility (MSTF)

**Abstract Submission Co-Author Worksheet**

This form may be used to assist in collecting co-author information for MSRD abstract submission.

**Order of co-authors** that will appear on the form, up to 5 co-authors. Do not include presenter.

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**Please complete this worksheet for each co-author prior to abstract submission. All starred (\*) items will be required on the Abstract Submission Form.**

Only primary UMB affiliated school, department and division is used for the abstract title section. Please consult the individuals for accurate affiliation information. Please also provide other on-campus affiliation such as VA Medical Center, UMMC, CVID, IGS, *etc.*

For example:

* John Smith is a UM SOM faculty member in the Department of Medicine (primary appointment) and in the Department of Surgery (secondary appointment), a faculty at the Center for Vascular and Inflammatory Diseases (CVID), and a clinician at the Veterans Affairs (VA) Medical Center.
* Enter in form: “UMB” for Institution, “Yes” for UMB Faculty, “Medicine” for Department.
* CVID and VA Medical Center affiliations can be entered under Other On-Campus Affiliations.

**Role \***

[ ] Main Research Mentor

[ ] Co-Mentor

[ ] Co-Investigator

[ ] Student Co-Investigator

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **First Name\*** |  |
| **Last Name\*** |  |
| **Degree(s)** |  |
| **E-Mail\*** |  |
| **Phone** |  |

**Institution\***

[ ] UMB

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UMB Faculty\***

 [ ] Yes

 [ ] No

**School\***

 [ ] Medicine

 [ ] Pharmacy

 [ ] Nursing

 [ ] Dentistry

 [ ] N/A

 [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department\***

[ ] Anatomy and Neurobiology

[ ] Anesthesiology

[ ]  Biochemistry and Molecular Biology

[ ]  Dermatology

[ ]  Diagnostic Radiology and Nuclear Medicine

[ ]  Emergency Medicine

[ ]  Epidemiology and Public Health

[ ]  Family and Community Medicine

[ ]  Medical and Research Technology

[ ]  Medicine

[ ]  Microbiology and Immunology

[ ]  Neurology

[ ]  Neurosurgery

[ ]  Obstetrics, Gynecology and Reproductive Sciences

[ ]  Ophthalmology and Visual Sciences

[ ]  Orthopaedics

[ ]  Otorhinolaryngology - Head and Neck Surgery

[ ]  Pathology

[ ]  Pediatrics

[ ]  Pharmacology

[ ]  Physical Therapy and Rehabilitation Science

[ ]  Physiology

[ ]  Psychiatry

[ ]  Radiation Oncology

[ ]  Surgery

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  N/A

|  |  |
| --- | --- |
| **Division\*** |  |

(enter “N/A” if not applicable)

|  |  |
| --- | --- |
| **City\*** |  |
| **State\*** |  |

**Country\***

 [ ] USA

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other On-Campus Affiliations**

(e.g., VA Medical Center, UMMC, CVID, IGS, please use full name of center or institution)

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